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STATEMENT OF

FORM 1	ORGANIZATION			Office Use Only	
NAME OF COMMITTEE (in	n full)	(Check if name is changed)	Example:If typing, to over the lines.	ype 12FE4	M5
MASSACHUS	ETTS BI	OTECHNOLOGY	COUNCIL FEDERA	AL POLITICA	L ACTION COMMITTEE
		200 Talahardanu Saucan	Oth floor		
ADDRESS (number a	nd street)	300 Technology Square,			
X (Check if address is changed)		Cambridge		MA MA	02139
			CITY	STATE	ZIP CODE
COMMITTEE'S E-MA (Check if is change	address	SS (Please provide only on david@chickmontanagr			<u> </u>
COMMITTEE'S WEB (Check if is change	address	DRESS (URL)			
 DATE 04 FEC IDENTIFIC 		2012	C00380733		
4. IS THIS STATE!	MENT	NEW (N) OR	× AMENDED) (A)	
Type or Print Name	of Treasurer John He	John Heffernan ffernan	Electronically in the person on may subject the person of	Filed] Date	nt to the penalties of 2 U.S.C. §437g.
		•	ATION SHOULD BE REPOR		
Office Use Only			For further information Federal Election (Control Free 800-424 Local 202-694-11	Commission -9530	FEC FORM 1 (Revised 02/2009)